



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Bill Schinkal, Director of Development  
Pregnancy Center West, Inc,  
4900 Glen Way Avenue  
Cincinnati, OH 45238

Dear Mr. Schinkal:

Thank you for your interest in the Choose Life program and for your application in the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

- Hamilton \$786.60

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$786.60 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes'.

Lance Himes  
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Pro-Security Center
<b>OAKS Supplier Number &amp; Address Code</b>	00000000
<b>Federal Tax ID Number</b>	[REDACTED]
<b>Street Address</b>	11111 1st St
<b>City, State Zip code</b>	Cincinnati OH 45201
<b>County of Location Providing Services</b> <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Hamilton
<b>Address where ODH should Direct Payment</b>	11111 1st St
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Hamilton
<b>Name of Person and Title completing application</b>	Bill Borge, President
<b>Area Code/Phone Number</b>	513-244-5111
<b>Email</b>	bill.borge@prosecurity.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. **Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. **For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. Update Supplier Information online. If Organization has moved, update supplier account online at the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

*Enclosed*

Assistance in completing Supplier Information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:
- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
  - B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
  - C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/17/18  
Date

William Schinkel  
Signature of Person Completing Application  
William Schinkel, Development  
[Print Name & Title]  
Director

**Application to be submitted to:**  
ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)  
or 614.466.4634.

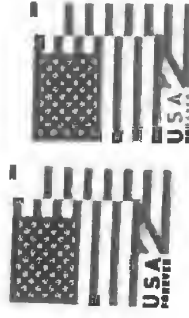
Choose Life Fund Expenditure Form (SFY18)  
Report Period: July 1, 2017 thru June 30, 2018

Agency Name: Pregnancy Center West, Inc.  
Tax ID: [REDACTED]  
Contact Name: William Schinkel  
Contact Phone #: 513-244-5700

Quarters	Total Expenditures 7/1/17 thru 6/30/18	1st Quarter 7/1/17 thru 9/30/17	2nd Quarter 10/1/17 thru 12/31/17	3rd Quarter 1/1/18 thru 3/31/18	4th Quarter 4/1/18 thru 6/30/18
Carryover SFY16 Amount	\$0.00				
Award Amount	\$4,794.00				
Material Needs of Pregnant Women at 60%	\$2,876.40				
Clothing Costs	\$ 353.76	\$ -	\$ 353.76	\$ -	\$ -
Housing Costs	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -
Medical Care Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Food Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities Costs	\$ 64.50	\$ -	\$ 64.50	\$ -	\$ -
Transportation Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs (Explain)	\$ -	\$ -	\$ -	\$ -	\$ -
Total Material Costs	\$ 668.26	\$ -	\$ 668.26	\$ -	\$ -
Plus/Minus Award Amount	\$ 2,876.40				
Direct Costs at 40%	\$1,917.60				
Counseling Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Advertising Costs	\$ 1,917.60	\$ -	\$ -	\$ 960.00	\$ 957.60
Total Direct Costs	\$ 1,917.60	\$ -	\$ -	\$ 960.00	\$ 957.60
Plus/Minus Award Amount	\$ 1,917.60				
Total Award Minus Materials and Direct Costs	\$ 2,208.14				
Award Amount @ 10% (If less than 10% of total award, the amount must be carried forward until depleted)	\$479.40				
Refund Due ODH	\$ 2,208.14				

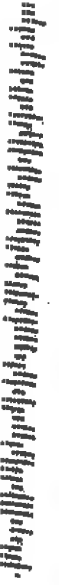


PREGNANCY CENTER WEST  
4900 Glenway Ave, Cincinnati, Ohio 45238



ODH/Choose Life Fund  
Bureau of Maternal, Child and Family  
Attn: Marius Igwe  
246 North High St., 6th Floor  
Columbus, OH 43215

4321532406 0012





State of Ohio  
GENERAL RECEIPT

Fund \_\_\_\_\_

RECEIVED FROM

*Pregnancy Center West*

*May 22, 2018*

827581

*2208.14*

822178 MAY 2018

Dollars

Cents

For \_\_\_\_\_



Cash



Check



M.O.

By

*Santha Lewis*

GEN 1017

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